PTO/68/06 (08-03)

U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD

	Substitute for Form PTO-875							Application or Docket Number.			
•	C				70/5	7371	7				
	(Colum FOR NUMBER		ζ,		SMA	ALL ENTITY	OI	R SI	THER THAN MACCENTITY	Y .	
•	BASIC FEE (37 CFR 1.16(a))	HOMBERFILI	ED W	JMBER EXTRA	RATE	FEE] ;	RAT	E FE		
	TOTAL CLAIMS						OR		1.30		
• •	INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus	minus 20 = 4		X \$		OR				
	MUI TIPI É DEDEAIDEAIT OU MAIS 3 E.			/	X + Z		OR		= 50	\dashv	
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				6.	=	OR		-		
- 1	f the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		7	L	350	7	
	CLAIMS AS AMENDED - PART II					•	OR	TOTAL	336	2	
1	(Column 1) (Column 2) (Oolumn 3)						0.5				
	10/ - / 1 000	LAIMS MAINING	HIGHEST NUMBER	PRESENT		L ENTITY	OR.	SMA	HER THAN . (LL ENTITY		
	Z J / / / A AMEI	FTER NDMENT	PREVIOUSLY PAID FOR		RATE	· ADDI:	1 . 1	RATE	ADDI- TIONAL		
	O (37 CFR 1.16(c)) Z Independent	2/ Minus	21	-	X \$_ =	FEE			FEE	4	
	(37 CFR 1.16(b))	2 Minus	3	= /-	X \$=		0	X	Ī	-	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ s_ =		OR	× \$		-	
					TOTAL ADD'L FEE	1	OR OR	TOTAL =			
a FZ	(Column 1) (Column 2) (Column 3)						I OR .	ADD'L FEE	L	_	
	~ DEMA	INING ER	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI	.	O t T C	Ţ .	-	
I W	Total AMENC	Minus Minus	PAID FOR	CATION .		TIONAL FEE		RATE	ADDI- TIONAL	1	
AMENDMENT	Independent (37 CFR 1.16(b))	Minus		=	X 1 =		OR .	X 1=	FEE	-	
Ą	FIRST PRESENTATION OF	MULTIPLE DESCURS		 .	X 1=		OR .	X \$ =		1:	
;	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						·OR	+.\$=		1.	
	(Column			•	TOTAL ADD'L FEE		OR ·	TOTAL ADD'L FEE		1.	
O,	(Column CLAIN REMAIN	AS T	(Column 2)	(Column 3)		·		<u>.</u>		1	
ENT	AFTE AMENDA	р. _	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL	1.	RATE	ADDj.	1	
O.	D7 CFR 1.16(c))	Minus	PAID FOR	-		FEE			TIONAL FEE		
AMENDA	Independent (37 CFR.1.16(b))	Minus 4	-	=	X \$=		OR ×	(. \$ =			
₹	FIRST PRESENTATION OF MU	İLTIPLE DEPENDENT	CLAIM 137 CEP	. 16(4))	X \$=		ÖR . X	=	• •		
	TOTAL						OR 4	=		Ì.	
4	If the entry in column 1 is les	ss than the entry in a	column 2, write "	0" In column 3	ADD'L FEE			OTAL. DD'L FEE		l I	
- 1	All the 'Highest Number Deads A' The Country of the										
s co	The "Highest Number Previously Paid For" (N THIS: SPACE is less than 3, enter "3". collection of Information is required by 37 CFR 1 to The France of the highest number found in the appropriate box in column 1.										

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the functioning gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.